

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS       | ID NO.     | DATE                |
|---------------------------|----------------|------------|---------------------|
| <b>FEE DETERMINATION</b>  |                |            |                     |
| O.I.P.E. CLASSIFIER       | RSD            |            | 5/23/01             |
| FORMALITY REVIEW          | SI             | 1088LE CO  | 06/23/01            |
| RESPONSE FORMALITY REVIEW | Request<br>DAP | 925<br>100 | 10-09-01<br>6/18/02 |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date     |
|----------------|----------|
| Final Original | 06/18/01 |
| 1              | ✓        |
| 2              | ✓        |
| 3              | ✓        |
| 4              | ✓        |
| 5              | ✓        |
| 6              | ✓        |
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| 15             | ✓        |
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| Claim          | Date |
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| Claim          | Date |
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| Final Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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86-19-02  
RSD  
06/18/02